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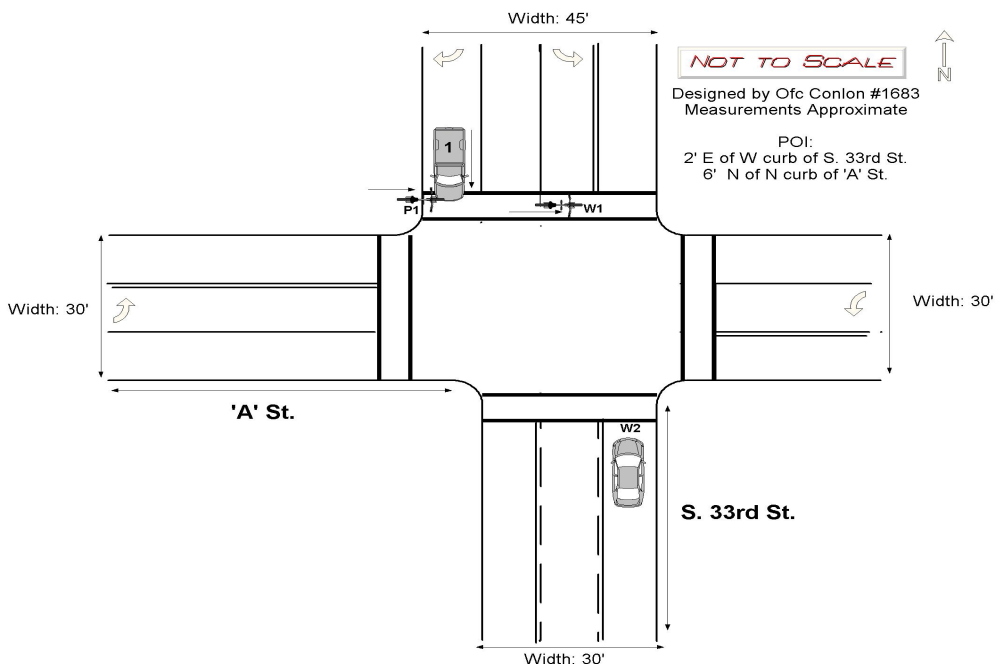
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

001	Total Number of Vehicles	Local No./ District 060	Agency Case No. B3-042103	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT 05-17-2013	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 1750	STATE USE ONLY	
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	POLICE NOTIFIED 1755		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
B 85	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S. 33rd St./A' St.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LONGITUDE		
C 1	DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST	HIGHWAY NO.		SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES N S E W AND MILES	N S E W OF NEAREST CITY OR TOWN				
E 2	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b 01 01 1 1 09		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO. G02112774	STATE (Of License) NE		SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE		
V1/N 02	DRIVER HARLAN D LAYTON	PHONE (402 ) 483-0688		LOCAL NO.		
V2/N	DRIVER ADDRESS 740 SKYWAY RD, , LINCOLN, NE, 68505	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 12-23-1927		V1/1 15
G 4	OWNER HARLAN LAYTON	PHONE (402 ) 483-0688		LOCAL NO.		V1/2 15
H 5	OWNER ADDRESS 740 SKYWAY RD, , LINCOLN, NE, 68505	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB379035	V1/3 35
V1/O 1	LICENSE PLATE TC NO. SSS360	YEAR (Plate Expires) 2013		STATE (Of Plate) NE		V1/4 15
V2/O	VEHICLE 1991	MAKE Ford	MODEL F15	BODY STYLE Pickup truck	COLOR GRY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0
I 1	VEHICLE ID NO. (VIN) 1FTEX15N0MKB34531	INSURANCE COMPANY Farm Bureau				V1/5 15
J 01	TOWED TO	TOWED BY		POLICY NO. 0000000009522855		V1/6 35
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		
V2/P	DRIVER	PHONE		LOCAL NO.		V2/1
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		V2/2
J 01	OWNER	PHONE		LOCAL NO.		V2/3
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V2/4
V2/Q	LICENSE PLATE NO.	YEAR (Plate Expires)		STATE (Of Plate)		V2/5
K 02	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY				ESTIMATED DAMAGE <input type="radio"/> TOALED \$
	TOWED TO	TOWED BY		POLICY NO.		V2/6
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 0	NAME Nathan Miller , 825 S. 28th St., , Lincoln, Ne, 68510	ADDRESS		DATE OF BIRTH (MM / DD / YYYY) 01-19-1996	1 Seat Position 19	2 Eject 07
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		3 Body Region 2	4 Injury Sev. 1
VEH. #	NAME	ADDRESS			5 Trans. 1	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 reports he was stopped at a red light SB on S. 33rd St. at the intersection of S. 33rd/A' St. when the front passenger portion of his vehicle collided with the front tire of P1's bicycle. D1 'pulled out onto the cross walk', SB, to see if anything was coming. D1 heard W1 yell at him and saw W1 cross the North crosswalk, EB. D1 looked to the East but did not look to the West before accelerating and attempting to turn WB onto 'A' St. D1 was unsure how fast he was traveling but did not think he was traveling very fast. P1 was contacted and he stated he was traveling EB on 'A' St. and attempted to cross S. 33rd when the front tire of his bicycle got caught underneath the front passenger tire of V1. The crosswalk signal was signaling the pedestrian traffic EB along 'A' St. to walk. P1 complained of some minor scrapes on his arms however Ofc only observed what appeared to be old and scabbed scrapes. W1 was contacted and he stated that he was traveling EB on 'A' St. on the North cross walk, across S. 33rd when V1 almost hit him. W1 yelled at D1 to get his attention and then P1 and V1 collided. W2 stated she was stopped NB on S. 33rd at the intersection of S. 33rd/A' St. when V1 and P1 collided. W2's statements corroborated with W1's and D1's. D1 was cited/released for failure to yield ROW pedestrian.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Research Dynamics	Nathan Miller	825 S. 28th St., , Lincoln, NE, 68510	( 402 ) 805-0552	\$ 50
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( )	\$
WITNESSES	NAME	ADDRESS			PHONE
	Brandon Cook	2749 California Ct. Lincoln NE 68510			( 402 ) 475-0600
WITNESSES	NAME	ADDRESS			PHONE
	Lisa Teet	6524 Rockwood Lane Lincoln NE 68516			( 402 ) 304-1624

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	001	VEH 2		
VEH NO.	N	S	E	W													ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		ALCOHOL TESTING	
1		X			S. 33rd St.	POINT OF IMPACT	02	POINT OF IMPACT		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Y	X	Y		Y					
2						MOST DAMAGED AREA	00	MOST DAMAGED AREA		VEHICLE 2		VEHICLE 2		N	X	N		N	X				
1	05				06 Turning left 07 Making U-turn	<div>00 None</div> <div>09 Top &amp; windows</div> <div>10 Undercarriage</div> <div>11 Total (all areas)</div> <div>12 Other</div> <div><div>01</div><div>02</div><div>03</div><div>04</div><div>05</div><div>06</div><div>07</div><div>08</div></div>																	
2					08 Entering traffic lane																		
01 Essentially straight ahead					09 Leaving traffic lane																		
02 Backing					10 Parked																		
03 Changing lanes					11 Slowing or stopped in traffic																		
04 Overtaking/ Passing					12 Other																		
05 Turning right					13 Unknown																		
OFFICER NO. 1683					TROOP/ TEAM/ BEAT 5B				DEPARTMENT 5501 Lincoln Police Department												Photographs taken?		<div>YES</div> <div>NO</div>
INVESTIGATOR NAME <i>(Print or Type)</i> Jonna Conlon					INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission														DATE OF REPORT		05/17/2013		